

NPDES 5 000001043 YR 81 MO 09 DA 08 TYPE 19 INSP TO 18 NC TYPE 20

REMARKS

ADDITIONAL columns 12 thru 17 should read

81 09 08 & 09

SECTION A - Permit Summary

NAME AND ADDRESS OF FACILITY (Include County, State and ZIP code)

Fish Steel Metals
#10 Butzlam place
Muskogee, Oklahoma 74401

EXPIRATION DATE

12/31/80

ISSUANCE DATE

8/12/79

RESPONSIBLE OFFICIAL

James L. Pierret

TITLE

Plant Manager

PHONE

918/687 6303

FACILITY REPRESENTATIVE

Elzude Brown

TITLE

Laboratory Manager

PHONE

918/687 6303

SECTION B - Effluent Characteristics (Additional sheets attached)

PARAMETER/ OUTFALL		MINIMUM	AVERAGE	MAXIMUM	ADDITIONAL
Load mgd 001	SAMPLE MEASUREMENT	-	0.056	0.114	Data from DMR's 1/81 thru 6/81
	PERMIT REQUIREMENT	-	-	-	cont.
Temp. °C 001	SAMPLE MEASUREMENT	-	16	29.2	
	PERMIT REQUIREMENT	-	-	-	cont.
DO #1/24 001	SAMPLE MEASUREMENT	-	8.61	13.43	
	PERMIT REQUIREMENT	-	80	240	1/7, comp.
TSS #1/2 001	SAMPLE MEASUREMENT	-	2.8	6.7	
	PERMIT REQUIREMENT	-	35	70	3/7, comp.
H3-N #1/2 001	SAMPLE MEASUREMENT	-	122.2	236.	
	PERMIT REQUIREMENT	-	154	468	3/7, comp.

DECEIVE

OCT 20 1981

OCT 20 1981

SECTION C - Facility Evaluation (S = Satisfactory, U = Unsatisfactory, N/A = Not applicable)

EFFLUENT WITHIN PERMIT REQUIREMENTS	U	OPERATION AND MAINTENANCE	S	SAMPLING PROCEDURES
RECORDS AND REPORTS	U	COMPLIANCE SCHEDULE	S	LABORATORY PRACTICES
PERMIT VERIFICATION	S	FLOW MEASUREMENTS		OTHER:

SECTION D - Comments

SECTION E - Inspection/Review

SIGNATURES	AGENCY	DATE	ENFORCEMENT DIVISION USE ONLY
INSPECTED BY Frank Dorym	EPA-SDA-AD2	9/8/81	COMPLIANCE STATUS
INSPECTED BY			<input type="checkbox"/> COMPLIANCE
REVIEWED BY			<input type="checkbox"/> NONCOMPLIANCE

10/8/81 20/10



SECTION F - Facility and Permit Background

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY
(Including City, County and ZIP code)

DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE

1/21/81 (State)

FINDINGS

Unsatisfactory

SECTION G - Records and Reports

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. ☒ YES ☐ NO ☐ N/A (Further explanation attached _____)

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:

- | | | | |
|--|---|-----------------------------|------------------------------|
| (i) SAMPLING DATE, TIME, EXACT LOCATION | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (ii) ANALYSES DATES, TIMES | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (iii) INDIVIDUAL PERFORMING ANALYSIS | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (iv) ANALYTICAL METHODS/TECHNIQUES USED | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g., continuous monitoring instrumentation, calibration and maintenance records).

☒ YES ☐ NO ☐ N/A

(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.

☒ YES ☐ NO ☐ N/A

(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.

☒ YES ☐ NO ☐ N/A

(e) QUALITY ASSURANCE RECORDS KEPT.

☒ YES ☐ NO ☐ N/A

(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.

☐ YES ☐ NO ☒ N/A

SECTION H - Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT. ☒ YES ☐ NO ☐ N/A (Further explanation attached _____)

DETAILS:

- | | | | |
|---|---|-----------------------------|---|
| (a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (b) FACILITY IS AS DESCRIBED IN PERMIT. <i>Not described in permit</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| (c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION. <i>Application not reviewed</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| (d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION. <i>App. not reviewed</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| (e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A |
| (f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (h) CORRECT NAME AND LOCATION OF RECEIVING WATERS. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (i) ALL DISCHARGES ARE PERMITTED. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

SECTION I - Operation and Maintenance

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. ☐ YES ☒ NO ☐ N/A (Further explanation attached _____)

DETAILS:

- | | | | |
|---|---|--|------------------------------|
| (a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (e) ALL TREATMENT UNITS IN SERVICE. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (g) QUALIFIED OPERATING STAFF PROVIDED. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (k) OPERATION AND MAINTENANCE MANUAL MAINTAINED. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (l) SPCC PLAN AVAILABLE. <i>For stored PCB transformers not required by EPA</i> | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (m) REGULATORY AGENCY NOTIFIED OF BY-PASSING. <i>(Dates required by EPA)</i> | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (n) ANY BY-PASSING SINCE LAST INSPECTION. <i>Stop</i> | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| (o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

PERMIT NO.

OK 5001643

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE.

☐ YES ☐ NO ☒ N/A (Further explanation attached _____)

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 - Flow measurement (Further explanation attached _____)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.

☒ YES ☐ NO ☐ N/A

DETAILS:

- (a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. ☒ YES ☐ NO ☐ N/A
- TYPE OF DEVICE: ☒ WEIR ☐ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☐ OTHER (Specify _____)
- (b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration 12/26/04) ☒ YES ☐ NO ☐ N/A
- (c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A
- (d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A
- (e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES. ☒ YES ☐ NO ☐ N/A

Part 2 - Sampling (Further explanation attached _____)

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.

☒ YES ☐ NO ☐ N/A

DETAILS:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ YES ☐ NO ☐ N/A
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. ☒ YES ☐ NO ☐ N/A
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT.
IF NO, ☐ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____ ☒ YES ☐ NO ☐ N/A
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE. ☒ YES ☐ NO ☐ N/A
- (i) SAMPLES REFRIGERATED DURING COMPOSITING ☒ YES ☐ NO ☐ N/A
- (ii) PROPER PRESERVATION TECHNIQUES USED ☒ YES ☐ NO ☐ N/A
- (iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT ☒ YES ☐ NO ☐ N/A
- (iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3 ☒ YES ☐ NO ☐ N/A
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. ☒ YES ☒ NO ☐ N/A
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. ☐ YES ☐ NO ☒ N/A

Part 3 - Laboratory (Further explanation attached _____)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT.

☒ YES ☐ NO ☐ N/A

DETAILS:

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) ☒ YES ☐ NO ☐ N/A
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. ☐ YES ☐ NO ☒ N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. ☒ YES ☐ NO ☐ N/A
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ YES ☐ NO ☐ N/A
- (e) QUALITY CONTROL PROCEDURES USED. ☒ YES ☐ NO ☐ N/A
- (f) DUPLICATE SAMPLES ARE ANALYZED. 100 % OF TIME. ☒ YES ☐ NO ☐ N/A
- (g) SPIKED SAMPLES ARE USED. 100 % OF TIME. ☒ YES ☐ NO ☐ N/A
- (h) COMMERCIAL LABORATORY USED. ☐ YES ☒ NO ☐ N/A
- (i) COMMERCIAL LABORATORY STATE CERTIFIED. ☐ YES ☐ NO ☒ N/A

LAB NAME _____

LAB ADDRESS _____

[illegible]

NPDES Compliance Inspection Report
Further ExplanationsPage 2 of 4Section 1 Part d

Detail lime "sludge" is dumped on ground south of basin #2 (see sketch) & probably contains quantities of CaF_2 & F_2O along with the $\text{Ca}(\text{OH})_2$. Other compounds or elements contained with this lime could well be NH_3 , MIBK, KOH, KCl & residuals of

Page 2 of 4 metals such as Mn, Mg, Cu,Section 2 Part Zn, Ti, Zr, Pb, Cr, Fe,
Detail Ni (& others) in the form of
Salts or more complex forms.

Other solid "waste" piled for reprocessing for ore value was found southerly from the Chemical "A" building (see sketch).

Page 2 of 4Section 1 Part (m)

Detail By-passes from manhole serving French drain from #3 pond — by-pass to Arkansas River,

Unauthorized
Discharge

OK 000 1643

DMR Calculation Check

Reporting Period: From 81 6 1 To 81 6 30
year month day year month day

Parameter Checked: NH₂-N #/224

	<u>Quantity</u>		
	<u>Min.</u>	<u>Avg.</u>	<u>Max.</u>
Reported Value:	—	144	361.8
Calculated Value:	—	144	361.8
Permit Value:	—	156	468

If calculated value does not equal reported value, explain:

W
↑

HF Bbls

Fractured Metals
Muskogee mts

Path of
Run-off

ore drums

Basin No 8

No Reduction Bldg

Waste to NH3 Stripper

Monitoring well

Basin No 3
Acid residue

to treatment system

manhole

Basin No 7

Basin 6

Basin 5

THREAT Piles

Waste ore pile

Chemical A Bldg

Waste oil 100 tanks

Basin No 1

Basin No 2

NH3 Stripper
↓
Lime treatment

Basin No 2
Full of Solids

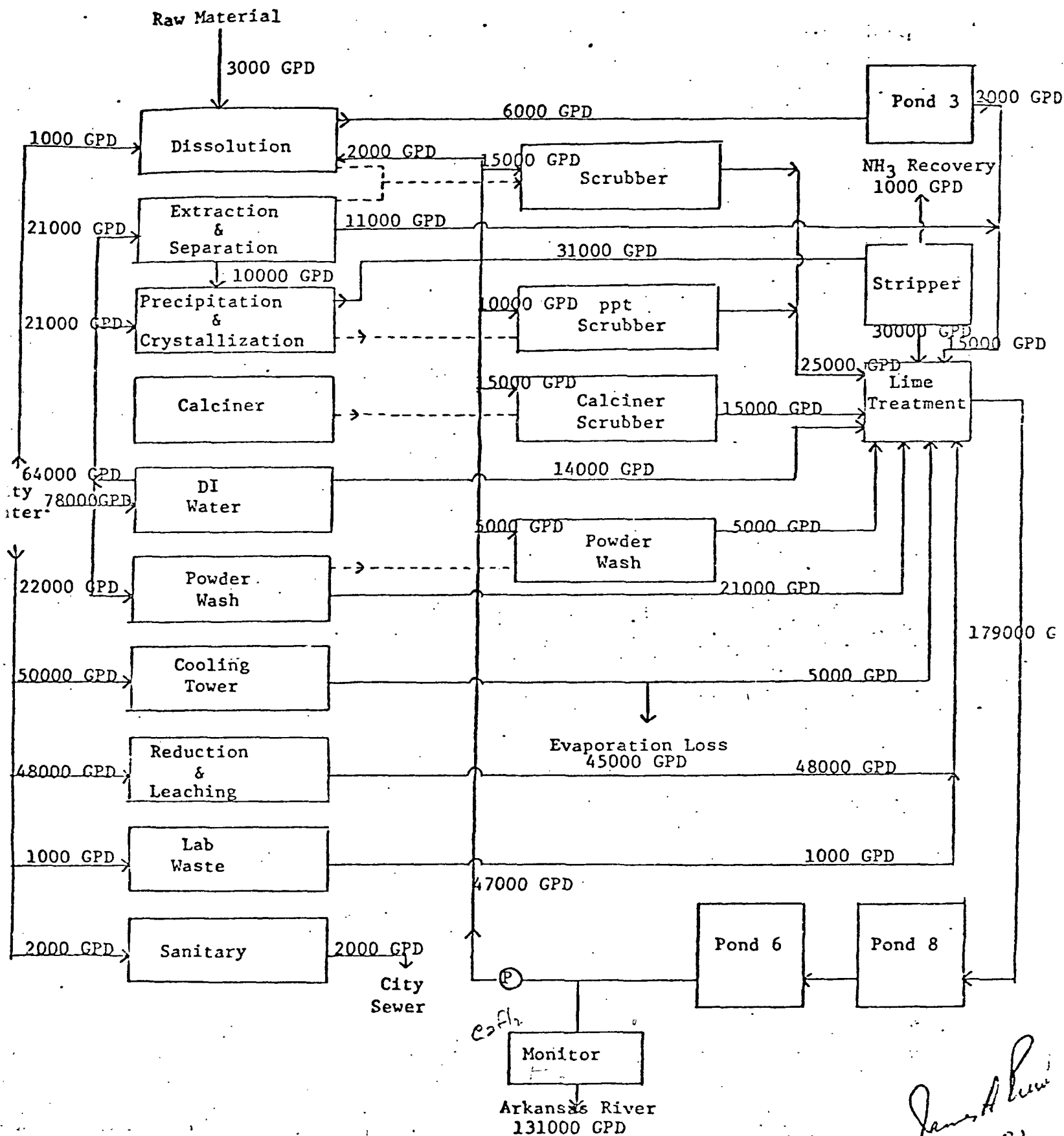
NH3 tanks

fine wastes

ARKANSAS RIVER

Line to River

WATER FLOW AT FANSTEEL METALS



James H. Lewis
9-9-81

Complete the plat below showing location of facility, all discharge points, any treatment or storage facilities.

